

### Healing Space – From the Vulnerable Child to the Authentic Essence

**Brurit Laub - Israel**

4<sup>th</sup> EMDR Asia conference, Bangkok, 2.1.20  
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<https://www.youtube.com/watch?v=UPPRFiyPopA>

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### Inner Child Work

Psychosynthesis, Hypnosis, Transactional Therapy, Ego State Therapy, Gestalt, Voice Dialogue ,Neuro Linguistic Programming (NLP), Psychodrama, Schema Therapy, Internal Family System (IFS), Accelerated Experiential Dynamic Psychotherapy (AEDP)

EMDR Standard Protocol -Cognitive Interweave of comforting the child by the adult client

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### Imaginal work with inner child in EMDR therapy – April Steele

Steele – **Developing a Secure Self**



- **Adjunctive Imaginal Nurturing** : taking the child from traumatic scene to: “be here with you now”, comfort, reassure, connect
- **Core Imaginal Nurturing** (Preparation) : Imagined pleasant scene nurturing baby (representing “the core of who you really are”) by adult client
- **Exploration imagery** (after internalization of secure base): Pleasant scene of child exploring the world and return to secure base

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## Inner child procedures in EMDR therapy

### Knipe – “Loving Eyes”

Steps toward compassionate relationship between adult (apparently normal personality) client and traumatized child (emotional part)

BLS and guided dialogue between the 2 parts softens avoidance and reduces fear allowing reconciliation.



### Schmidt- Developmental Needs Meeting Strategy (DNMS)

Guided meditations connecting to 3 resource figures in the healing circle



- Nurturing Adult Self
- Protective Adult Self
- Spiritual Core Self

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## Inner child procedures in EMDR therapy

### Manfield – Dyadic Resourcing (Preparation)

Identifying & intensifying nurturing adult resource and a loveable child (real/imagined) in a safe and pleasurable relationship. After positive model is internalized client can step into the role of his adult self and inner child



### Parnell – Various resources for attachment repair (Preparation and processing)

- Safe/peaceful place
- Nurturing figure
- Protective figure
- Inner wisdom figure
- and more...




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## Inner child procedures in EMDR therapy

### Gonzales & Mosquera – Working with Self-Care Patterns : A structured procedure for EMDR therapy

If negative feelings come up BTT (child’s eyes). Using developmental Interweaves



### Laub - Healing Space



Developing compassionate relationship between client’s adult self and vulnerable child by therapist’s modeling. This may often lead to emergence of client’s authentic essence

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## Healing Space

### A brief introduction of the dialectical perspective

*(Brurit Laub & Nomi Weiner)*

9.30-10.00

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## New Dialectical concepts

1. Differentiation and Linking
2. Horizontal and Vertical Dialectical movements
3. The spiral of integration of the AIP system
4. Dialectical Attunement
5. Mindful Dual Awareness

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## What is integration?

Siegel - Interpersonal Neurobiology

**Integration** is at the heart of mental well-being

Integration is the **linkage** of **differentiated** parts of a system

An integrated system moves toward **maximal complexity**

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### A Dialectical Perspective of the AIP Model

Integration is based on two complementary processes:

#### Differentiation

to be apart from  
to distance  
separated, autonomous

#### Linking

to be a part of  
to get close  
connected, belonging

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### A Dialectical Perspective of the AIP Model

Traumatic experience is:

**Condensed** = parts are not well **differentiated**      **Fragmentary** = parts are not well **linked**

The AIP system moves toward **integration** via cycles of **differentiation** and **linking**. They separate the condensed and fragmented trauma memory network into parts allowing new links to form. This leads to transformation of negative theme and the self

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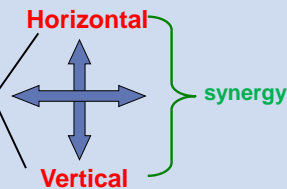
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### A Dialectical Perspective of the AIP Model

The integrative movement of the AIP system is dialectical

There are two dialectical movements:



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**Whole/part shifts of Mindful Dual Awareness (MDA)**

“...mindfulness can be looked at as the **empathic capacity of the observing self toward the experiencing self**” (Siegel)

**4 components of Mindfulness: COAL** (Siegel)  
Curiosity, Openness, Acceptance, Love

**Dialectical Perspective:** Whole/part shifts while MDA expands during trauma processing (Laub & Weiner)

**Openness** → **Curiosity** → **Acceptance** → **Love**

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**Whole/part shifts of AIP and MDA (Dialectical Attunement)**

**Openness** - Open to observe the traumatic experience

MDA is **open** (sensorimotor)

Therapist ensures **safety** so that MDA can stay **open**. If needed therapist is **close and active** contains the distress and challenges client to continue processing

**Curiosity** - Curious about expanding associative links during processing

MDA is **open, curious** (emotional)

Therapist **supports client's exploration and curiosity**. If needed therapist encourages client to continue noticing without judgment because “the body speaks”, or “the natural system knows what it's doing” .

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**Hierarchical whole/part shifts of AIP and MDA (Dialectical Attunement)**

**Acceptance of Opposites** – Processing of implicit traumatic experiences facilitates acceptance of opposites and emergence of insights (vertical shifts)

MDA is **open, curious, accepting** (cognitive)

Therapist supports client and legitimizes denied aspects to facilitate processing of vulnerable places. Therapist validates insights (vertical shifts) indicating the non-adaptive theme transformation

**Love** – Growing sense of wholeness and connectedness manifested in compassion and love toward oneself, others and the universe

MDA is **open, curious, accepting, loving** (spiritual)

Therapist validates sense of wholeness indicating transformation of self and unites with client in the compassionate and loving experience

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**Differentiation and Linking in the Therapeutic Relationship**  
*Developmental Background*

|   |   |   |   |
|---|---|---|---|
| <b>LINKING</b>  | ← | → | <b>DIFFERENTIATION</b>  |
| <p>Mother empathic with child's feelings, mirroring, attuned, acknowledging affective state of child<br/> <i>(Winnicott, Bion, Fonagy)</i></p> <p><b>Therapeutic Relationship</b></p> <p>Therapist connects, contains, empathic<br/> <i>(linking)</i></p> |   |   | <p>Mother separates from child's feelings to enhance child's autonomy, modulates difficult feelings, encourages coping</p> <p>Therapist separates from, challenges, encourages autonomy<br/> <i>(differentiation)</i></p> |

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**Dialectical Attunement**

**Dialectical Attunement=** attuning to client so that the inherent dialectical movement is accelerated

- Therapist attuned to denied, undeveloped aspects of client
- Therapist recognizes and legitimizes movement between opposites trying to make them accessible  
*This accelerates horizontal dialectical movement*
- Therapist attuned to complement 'missing experience' of client with significant others to repair attachment wounds  
*This accelerates vertical dialectical movement*

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**Healing Space**

**Video**

**She is happy and that's it...**

10.00- 10.30

Transformation of the vulnerable child into the authentic essence

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## Healing Space-guidelines

### Explanation

"In the Healing Space you will gradually learn how to be compassionate toward your inner child and accept him/her even when the child feels anxious, insulted, or guilty. When we, as adults, accept the child's feelings the pain begins to heal and we can connect to our true nature".

### Picture

1. Therapist asks: "Are you, the adult who sits now with me in the room willing to go back in time and meet the child, to be with him/her, to support, so that the child won't be alone anymore...?" Client is asked to bring an image/photo of the child. Therapist asks: "Just look at the child, look with curious eyes...how old is he/she?.. What does he/she look like?" (if client finds it difficult begin with a present distressing, not overwhelming, picture and float-back to the child )

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## Healing Space-guidelines

### 2. To be with the child

Client is asked to continue looking at child: "Can you see what she feels? (*begin gentle, slow, continuous bilateral stimulation with eyes closed*). Therapist addresses the child softly and with empathy: " I see that you are sad...afraid... angry...now I am with you...you are not alone anymore". Client is asked to say it to child. This sentence is often repeated.

### 3. How do you feel about the child?

If client can begin relating positively to the child therapist asks: "How do you feel about the child?". (*slow continuous bilateral stimulation with eyes closed alternating attention to the child's and the adult's sensations*). If this enhances compassion for the child move to step 5. If client is hostile or disconnected (protective parts) move to step 4.

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## Healing Space-guidelines

**4. If client is negative or disconnected from the child move to a brief and focused processing** (*BLS with open eyes*).

### Different strategies:

a. Recognize part, notice negative feelings and sensations and process briefly to reveal its protective function (avoid emotional pain). Suggest that today the adult, with the help of therapist, can support and contain the child's feelings.

b. Strengthen differentiation between child and adult: "What's good about knowing that you are not stupid...weak...naïve..." . Or: soften defense: What's good about avoiding the child? Notice your body...(*Knipe*)

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## Healing Space-guidelines

c. Dialogue with part: "What are you concerned about approaching the child? What will happen if you stop behaving like this? What do you need to be less concerned?" (parts work)

### 5. Validating the yearning

Therapist asks: "If you, the adult of today ...would like to help the child...what do you think he would like to hear from you? "What does he/she need?". Therapist validates: "Yes, you need to feel protected...you want to be seen...you want to feel loved..." Child is asked if he/she wants a hand...a hug...  
*(slow continuous bilateral stimulation with eyes closed alternating attention to the child's and the adult's sensations).*

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## Healing Space-guidelines

### 6. Validating the opposites

Therapist recognizes and legitimizes child's denied aspects & validates opposites: "You are OK the way you are...You can be weak and also strong... insecure and also secure...sad and happy...". Client is asked to say it to child  
*(slow continuous bilateral stimulation with eyes closed alternating attention to the child's and the adult's sensations).*

### 7. Safe and pleasant place in the present

Inviting child to safe and pleasant place at client's home, or in countryside, to strengthen their present relationship  
 "Look at me...I am who you became to be...I will introduce you to my family, my job, my hobbies..." *(slow continuous bilateral stimulation with eyes closed alternating attention to the child's and the adult's sensations)*

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## Healing Space guidelines

### 8. Validating the essence

When a happy, free and lively child emerges it is the client's authentic essence, not influenced by trauma and social conventions. The therapist identifies it and asks client to describe it (*differentiation*) to make it accessible (sensory, somatic, emotional). Connecting (*linking*) and validating the essence strengthens client's sense of wholeness *(slow continuous bilateral stimulation with eyes closed)*

### 9. Anchoring the relationship in body + mantras

Client is asked to locate, with both hands, the child in his/her body, and connect caringly. Therapist suggests client to choose 2-3 compassionate sentences as mantras *(slow bilateral stimulation with eyes closed)*. Therapist guides client gently to open his/her eyes and gradually come back to here and now. Therapist writes mantras and gives them to client.

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### Healing Space-guidelines

**10. Daily encounter with the child**

Locate child in the body and put both hands there. Inquire if something bothers the child and listen. Communicate caring via both hands, remind child that he/she is not alone anymore, tell child the mantras and hug him/her. Therapist explains that daily encounter with child strengthens the child's trust in their developing relationship.

**11. Pleasant experiences**

Client is invited to find moments of pleasure, playfulness, joy and letting go to enhance the connection to its essence

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### Healing Space-guidelines

**12. Reflective dialogue**

At closure or next session therapist discusses with client: "How was the encounter with the child?", "Has your attitude toward the child changed?", "How was it to do it with me?", "Do you now understand things about yourself better?", "How will it help you to cope?", "How was your meeting with your essence?"

**Ideal protective/nurturing/spiritual figures**

Clients with complex developmental trauma may use ideal figures (real or imagined), animals or landscape images and another child (real or imagined) without distress. After establishing an accessible relationship the Healing Space can be used.

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### Healing Space-guidelines

**When?**

In Preparation phase, during processing, or at closure of a session.

**How?**

Continuous, slow, gentle bi-lateral tapping on sides of knees (or Tac/AudioScan) with closed eyes.

(If negative feelings toward child come up move to a brief focused processing with bi-lateral stimulation and open eyes).

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**Healing Space**

**Healing Space – practice**

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**Healing Space**

**Video**

**Overcoming the wave together**

**14.30 -15.00**

Therapist actively helps client  
differentiate from his horrified child  
to enable compassionate relationship

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**Healing Space**

**Video**

**Fighting for his life**

**15.30 -16.00**

Use of therapeutic relationship for  
stabilizing client.  
Healing Space, and reflective dialogue

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## Healing Space

### Video

**I am just sure that you and I will overcome this**

**16.00 -16.30**

**Mutual relationship between child (essence) and the adult self**

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## Healing Space

### Video

**The child found a family**

**16.30- 16.35**

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## Healing Space- Summary

**Healing Space** facilitates development of **compassionate relationship** between vulnerable child and client's adult self by:

- **Active modeling** of therapist who relates to the child with compassion and acceptance
- **Holding** of vulnerable child ("I am with you, you are not alone anymore. I see you are sad...anxious...")
- **Alternating** focus between vulnerable child and adult client

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## Healing Space- Summary

- **Validation of unacknowledged parts and acceptance of opposites** (weak-strong, insecure-secure, sad-happy)
- **Secure pleasant place** at the client's home or outdoors
- **Transformation** of vulnerable child into **authentic essence**
- **Daily encounter** between adult and child with somatic anchoring and mantras
- **Pleasant experiences** - fun, playfulness, relaxation – between sessions enable connection to **authentic essence**

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## Modeling and Internalization of mindful compassionate relationship

- **Openness** – (1<sup>st</sup> stage) therapist ensures safety and is **open** to whatever comes up
- **Curiosity** – (2<sup>nd</sup> stage) therapist is **open & curious** toward the child uniqueness, encouraging client: "look at child with curious eyes"
- **Acceptance of Opposites** (3<sup>rd</sup> stage) therapist is **open, curious** and **accepting** child's vulnerability, validating opposites: "You are OK the way you are... you can be weak-strong, insecure-secure...".
- **Love** (4<sup>th</sup> stage) therapist's attitude toward the vulnerable child is **open, curious, accepting** and **loving**. This allows the emergence of client's **authentic essence**

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## Summary of dialectical aspects of Healing Space

### Facilitating horizontal dialectical movement:

- **Accessibility** of adult client & vulnerable child by focusing on sensory, somatic, emotional and cognitive levels
- **Frequent alternations** between adult client and vulnerable child
- **Dialectical Attunement** to denied, unrecognized aspects of the vulnerable child and **validating** them
- **Validation of opposites** to encourage their **acceptance** (weak-strong, insecure-secure, sad-happy)

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## Summary of dialectical aspects of Healing Space

### Facilitating vertical dialectical movement:

- **Internalization of compassionate relationship**  
softens client's defenses enabling open, curious, accepting  
(of opposites) and loving relationship
  
- **Moments of repair of attachment wounds** – when  
client experiences therapist's attitude which is dialectically  
opposed to child's expectations and projections a gradual  
connection to a sense of wholeness develops
  
- **Identification and validation** of client's authentic  
essence makes it accessible and present

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## References

Assiagioli, R. (1965). *Psychosynthesis*. London: Hobbs & Dorman.  
 Bradshaw, J. (1990). *Homecoming: Reclaiming and Championing Your Inner Child*. Bantam.  
 Bandler, R., & Grinder, J. (1982). *Reframing: Neuro-linguistic programming and the transformation of meaning*. Moab,UT: Real People Press  
 Berne, E. (1973). *Games people Play: The psychology of human relationships*. New York: Ballantine.  
 Gonzalez, A & Mosquera, D, Knipe, J. & Leeds, A. (2012).  
 "Introducing Healthy Patterns of Self-Care". In: (Ed). Gonzalez, A., & Mosquera, D. *EMDR and Dissociation: The Progressive Approach*. Amazon, pp-87-117  
 Hoffman, S, Gafni, S, Laub, B.,(1994) *Cotherapy with individuals, Families and groups*. Jason Aronson

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## References

Hoffman.S. & Laub.B.,(2006). *Innovative Interventions in psychotherapy*. Florida:Boca Raton. Universal Publishers.  
 Kipper, D. A. (1986). *Psychotherapy through clinical role- playing*. New York: Brunner/Mazel.  
 Knipe, J. (2007) Loving Eyes: Procedures to Therapeutically Reverse Dissociative Processes while Preserving Emotional Safety, in Forgash, C. and Copeley, M. (Ed.s) *Healing the heart of trauma and dissociation*. Springer: New York.  
 Knipe, J. (2015). *EMDR Toolbox: Theory and Treatment of Complex PTSD and Dissociation (ch. 11 -Loving Eyes)*. Springer  
 Laub, B. (2001), The Healing Power of Resource Connection in the EMDR Protocol. *EMDRRIA Newsletter, special edition*, 21-27  
 Laub, B. & Weiner, N.(2007). The Pyramid Model-Dialectical Polarity in Therapy. *J. Transpersonal psychology*. V.39,(2).199-221

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## References

- Laub, B. & Weiner, N. (2013). A Dialectical Perspective of Trauma Processing. *International Journal of Integrative Psychotherapy*, V.4.(2), 24-39
- Laub, B. Weiner, N. & Bender, S.S. (2017) A Dialectical Perspective on the AIP Model and EMDR Therapy. *Journal of EMDR Practice and Research*. V.11 (2).
- Mansfield, P. (2010). *Dyadic Resourcing- Creating a Foundation for Trauma Processing*. CreateSpace, A DBA of On-Demand Publishing, LLC, An Amazon 4, (2). 23-39.
- Napier, N. (1990). *Recreating yourself : Building self-esteem through imaging and self hypnosis*. Norton.
- O'Shea, K. (2009). The EMDR early trauma protocol. In R. Shapiro (Ed.), *EMDR Solutions II* (pp.313-335). New York, NY: Wiley.
- Parnell, L. (2013). *Attachment-Focused EMDR*. Healing Relational Perls, F.S. (1959). *Gestalt therapy verbatim*. New York: Real People

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## References

- Schmidt, S.J.(2002) *Developmental Needs Meeting Strategy for EMDR Therapists (DNMS)*. San Antonio: DNMS Institute. Trauma. NY: Norton.
- Schwartz, R.C. (1997). *Internal Family Therapy*. Guilford
- Steel, A. (2004). *Developing A Secure Self. An Approach to Working with Attachment in Adults for EMDR Therapists*. Gabriola Island, British Columbia
- Stone, H., & Winkelman, S. (1985). *Embracing ourselves. Voice dialogue manual*. Marina del Rey, CA: DeVors.
- Young, J.E, Klosko. J.S. Weishaar, M.E. (2003). *Schema Therapy*. New York: Guilford
- Watkins, J.G., & Watkins, H.H. (1997) *Ego-states: Theory and therapy*.New York: Norton.
- Wildwind, L. (1999). Essential experience interweaves: Deepening resource installation for personality change. Unpublished manuscript.

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